Community Support Program (CSP)
Performance Specifications

Providers contracted for this level of care are expected to comply with all requirements of this service-specific performance specifications. Providers contracted for this service and all contracted services are held accountable to the General performance specifications. The requirements within this service-specific performance specification take precedence over general performance specifications.

DEFINITION:

Community Support Program (CSP) provides case management services, delivered by a paraprofessional to Members whose clinical profile or utilization of services indicates that they are at high risk for admission to 24-hour psychiatric or addiction treatment settings. CSP's provide services designed to respond to the needs of the individual Member. The intensity and amount of support provided is customized to meet the individual needs of Members and will vary according to their needs over time. CSP services include intensive outreach and support as well as face to face contact with Members in their homes or in other non-clinical settings. CSP services are expected to complement and coordinate with other services already in place for the Member and the CSP worker does not replace the role of the Member's outpatient therapist. The CSP treatment/service plan assists the Member with attaining their goals outlined in outpatient services and/or other levels of care and works to mitigate barriers to accomplishing these goals. Members who benefit from CSP services include: a Member who has a mental health, substance use and/or co-occurring diagnosis that has required psychiatric hospitalization or the use of another 24- hour level of care or has resulted in serious impairment with a risk of admission. CSP services are used to prevent future hospitalizations. CSP services are designed to be maximally flexible in supporting individuals to implement their clinical treatment plans in outpatient and/or other levels of care and attain the skills and resources needed to maintain integrated living in the community.

COMPONENTS OF SERVICE/PROVIDER RESPONSIBILITIES:

- CSP Providers are required to review CCA's Medical Necessity Guidelines (MNG) for CSP services which can be found HERE
- The CSP Program must be part of a mental health or substance abuse services organization licensed in the Commonwealth of Massachusetts
- The provider complies with all the provisions in section 11 of CCA's Provider Manual
- The CSP Program provides urgent coverage for Members 24/7, 365 days per year with a referral to ACMI and/or other diversionary services.
- The CSP Program provides mobile services to Members in settings deemed safe for the

Member and CSP provider. This includes all community settings including a Member's home and/or community setting including shelters, emergency room, an inpatient or diversionary unit, or a day program.

- The CSP staff should attempt to contact the Member within 1 business day of receipt of the initial referral and schedule the first meeting with the Member as soon as possible.
- Each CSP must obtain written authorization from each member or the member's legal guardian to release information obtained by the provider, to other community-based providers, federal and state regulatory agencies, referral providers or other relevant parties. All such information must be released on a confidential basis and in accordance with all applicable requirements.
- The CSP staff shall participate in provider meetings as scheduled by Commonwealth Care Alliance (CCA's) Clinical Teams as appropriate.
- The Member will be involved to the maximum extent possible in the treatment/service and discharge planning process.
- The scope of required service components provided in this level of care includes, but is not limited to, the following:
    - Case management
    - Development and/or updating of crisis prevention plan.
    - Needs assessment.
    - CSP treatment/service plan
    - Required documentation.
    - Service coordination and linkage relative to the services included in the Member's CSP treatment/service plan.
    - Travel time as part of the initial and on-going engagement process with Members in acute care facilities or community-based settings.
    - Provision of temporary assistance with transportation to essential medical and behavioral health appointments while transitioning to community based or CCA supported transportation resources.
    - Research time/telephone time assisting Members with obtaining benefits, housing, and health care.
- The provider encourages and facilitates the utilization of natural support systems (i.e., family and friends) and recovery-oriented, peer support, and/or self-help supports and services (e.g., clubhouses, Recovery Learning Communities, AA) and provides appropriate educational materials to the Member's support system that address psychiatric and substance use diagnosis, as well as information on Recovery and the Recovery process
- CSP services support Members experiencing a behavioral health crisis during or beyond the clinics business hours include:
    - CSP staff can make a referral to the Member's outpatient provider if clinically indicated.
    - and with a supervisor's approval
    - CSP staff can make a referral to an AMCI provider if clinically indicated and with a

- supervisor's approval
- Implementation of other interventions to support the Member including elements of the Member's Crisis plan, encouragement of step-by-step strategies that pull on Member's strengths and coping mechanisms, and or follow-up and safety assessment with the Member and any other relevant parties including family and natural support.

- The CSP program will give 30 days prior notice of planned termination of CSP services to relevant parties and CCA's Care Team. For unplanned termination of services, the CSP will notify all relevant parties, including CCA, within 1 business day of such termination. Notification can be delivered to **the CCA Care Team can be reached by calling 866-420-9332.**
- The CSP provider documents all services provided (face-to-face, phone, telehealth, and collateral contacts) and progress toward measurable behavioral goals in the progress note in the Member's health record.
- The CSP provide on-site assistance in helping Members to secure and effectively utilize the needed technology to support medical or behavioral health telehealth/virtual care interventions.
- Acting as an advocate, the CSP will notify and collaborate with Member's CCA Care Team and others including the primary therapist, shelter program counselor, or primary care provider. If the Member consents, CSP staff will ensure coordination and communication with those providers and tailor activities to the needs in the care plan.
- The CSP provider will ensure linguistically appropriate and culturally sensitive support navigation that embraces the diversity of people's identities that includes racial, ethnic, gender/gender identity, sex, sexual orientation, physical and intellectual abilities, and their chosen pathway to ending homelessness.

INTAKE, NEEDS ASSESSMENT, SERVICE PLANNING and RECORD KEEPING:

The CSP provider delivers CSP services on a mobile basis to members in any setting that is safe for the member and staff. Services may be provided via telehealth, as appropriate. A community support program must have the capacity to provide at least the following service components:

Intake Services:

- The program must initiate service planning immediately by communicating with the referral source to determine goals and document appropriateness of services.
- If the member is referred by a 24-hour behavioral health level of care, including inpatient and diversionary providers, the program will participate in members discharge planning if appropriate.
- If the member is determined to be ineligible for CSP services, the CSP program must provide referrals to alternative services that may be medically necessary to meet the member's needs.

Needs Assessment: The program must conduct a needs assessment for every member as follows:

- The needs assessment must be completed within two (2) weeks of the initial appointment and must identify ways to support the member in mitigating barriers to accessing and utilizing clinical treatment services and attaining the skills and resources.

- to maintain community tenure
- The needs assessment must be updated with the member quarterly or more frequently if needed. All updates to the needs assessment must be entered in the member's health record.

Service Planning: The program must complete a service plan for every member upon completion of the comprehensive needs assessment as follows:

- The service plan must be person-centered and identify the member's needs including individualized strategies and interventions for meeting those needs.
- The service plan must be developed in consultation with the member and member's chosen support network including family, and other natural or community supports.
- The CSP program must incorporate available records from referring and existing providers and agencies into the development of the service plan, including any bio-psychosocial assessment, reasons for referral, goal, and discharge recommendations.
- The service plan must be in writing, and include the following information:
    - Identified problems and needs relevant to services.
    - The member's strengths and needs
    - A comprehensive, individualized plan that is solution-focused with clearly defined interventions and measurable goals.
    - Identified clinical interventions, services, and benefits to be performed and coordinated by the provider.
    - Clearly defined staff responsibilities and assignments for implementing the plan.
    - The date the plan was last reviewed and/or revised.
    - The signatures of the CSP staff involved in the review or revision.
- The service plan must be reviewed and revised at least every 12 months. The service plan must be updated if there are significant changes in the member's needs, by reviewing and revising the goals and related activities.

CSP services must foster member empowerment, recovery, and wellness and must be designed to increase a member's independence, including management of their own behavioral health and medical services. Services vary over time in response to the member's ability to use their strengths and coping skills and achieve these goals independently. Services include:

- Assisting members in improving their daily living skills so they are able to perform them independently or access services to support them in accomplishing these goals.
- Providing members and their families with education, educational materials, and training about behavioral health and substance use diagnosis and recovery.
- The provider facilitates access to education and training on the effects of psychotropic medications and ensures that the member is linked to ongoing medication monitoring services and regular health maintenance.
- Coordinating services and assisting members with obtaining benefits, housing, and healthcare

- Communicating with members or other parties that may include appointment reminders or coordination of care.
- Collaborating with crisis intervention providers, state agencies, and outpatient providers, including working with these providers to develop, revise, and utilize member crisis prevention plans and safety plans.
- Encouraging and facilitating the utilization of natural support systems, and recovery-oriented, peer support, and self-help supports and services.

Referral Services: The program must have effective methods to promptly and efficiently refer members to community resources. The program must have knowledge of and connections with resources and services available to members.

- Each program must have written policies and procedures and an accumulated list of referral sources for addressing a member's behavioral health including a Member's PCP
- When referring a member to another provider for services, each program must ensure continuity of care, exchange of relevant health information, and avoidance of service duplication between the CSP provider and the provider to whom a member is referred.
- Referrals should result in the member being directly connected to and in communication with community resources for assistance with housing, employment, recreation, transportation, education, social services, health care, outpatient behavioral health services, substance use, recovery, and legal services.

Crisis Intervention Referrals: During business hours or outside business hours, each program must have capacity to respond to a member's behavioral health crisis. Under the guidance of a CSP supervisor, the CSP staff may implement interventions to support and enable the member to remain in the community, refer the member to crisis intervention services, or refer the member to other healthcare providers, as appropriate.

Discharge Planning: The program must provide discharge planning for each member receiving CSP to expedite a member-centered disposition to other levels of care, services, and supports.

- The provider shall begin discharge planning upon admission of the member into the CSP, with the participation of the member.
- The discharge planning process must involve the member's natural, and community supports, current and anticipated future providers, involved services agencies including probation or parole staff.
- The discharge planning process must include crisis prevention and safety planning.
- The program shall ensure that a written CSP discharge plan is given to the member and entered into the member's health record at the time of discharge.
- With member consent, a copy of the written discharge plan shall be forwarded at the time of discharge to the following individuals or entities involved in or engaged with the member's ongoing care: family members, guardian, caregiver, significant others, state agencies, outpatient or other community-based provider, physician, crisis intervention providers; probation, parole, and other entities and agencies that are significant to the member's aftercare.

Record Keeping: Member records must be complete, accurate, and organized. The member's record must include at least the following information:

- The member's name and case number, CCA identification number, address, telephone number, language spoke, gender identity, date of birth, marital status, next of kin and date of initial contact.
- The place of service
- The member's description of the problem, and any additional information from other sources, including the referral source.
- The events precipitating the member's contact with the CSP.
- Written documentation that the member receiving services meets the clinical standards published by the MassHealth agency, including the following.
- CSP-HI providers must generate written documentation of homelessness from the local Continuum of Care Homeless Management Information System (HMIS), or comparable system used by providers of services for victims of domestic violence.
- CSP-TPP providers must maintain a copy of the Notice to Quit, a request for temporary, preliminary, or permanent relief or against whom such relief has been granted, or related Housing Court filings and records.
- CSP-JI providers must maintain documentation of justice involvement, including whether referral was received from a correctional institution or BH-JI vendor.
- The relevant medical, psychosocial, educational, vocational history and a needs assessment of the member
- Short- and long-range goals that are realistic and obtainable and a time frame for their achievement.
- The member's service plan, updates, and related CSP service planning meetings including schedule of activities and services necessary to achieve the member's goals, signed by both the CSP staff person and the member.
- Written record of all services provided, including face-to-face, virtual, and collateral contacts, and including progress notes.
- A written record of the reassessments that includes recommendations for revision of the service plan, when indicated, and the names of the reviewers.
- The name(s) of the CSP staff person(s) responsible for providing services to the member.
- Reports on all collateral consults and collaborations with family, friends, and outside professionals, including probation, parole, or correctional institution staff, who are involved in the member's treatment.
- All information and correspondence to and from other involved agencies, including appropriately signed and dated consent forms.
- When discharged from CSP services, a discharge summary must include the following:
    - Member's services
    - A brief summary of the member's condition and response to services upon discharge
    - Achievement of goals
    - Recommendations for appropriate services that should be provided in subsequent programs by the same or other agencies to accomplish the members.

long-range goals
        - The program's future responsibility for the member's care
    - If the member fails to keep appointments or to adequately participate in the service plan, CSP staff must make every effort to encourage the member to do so, and these follow-up efforts must be documented in the member's record.

Training Expectations:

It is the expectation of CCA that all contracted providers will offer ongoing staff training in order to best serve the diverse identities and experiences of the CCA Member population. Staff training should be inclusive of, but not limited to:

- Social determinants of health (SDOH)
- Trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care.
- Best practices in delivering culturally responsive, inclusive, and anti-racist behavioral health and medical care.
- Best practices in health equity and inclusivity for Members of various racial, ethnic, and cultural backgrounds, as well as disabled Members, Members of various religious backgrounds, and Members with multiply marginalized identities
- Organizational strategies and resources for accessing interpreter services for Members who primarily communicate in languages other than English (including ASL)

Transgender Inclusive and Affirming Expectations:

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. This expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card.
- Making admission decisions without regard to the Member's gender identity
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card.
- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care.

Trauma-Informed Care Expectations:

It is the expectation of CCA that all contracted providers will provide care to our Members that is fundamentally trauma informed. Trauma-informed care is inclusive of, but not limited to:

- Providing staff with ongoing training in trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members,

and trauma-specific treatment approaches)
- Providing comprehensive trauma screening as part of the standard evaluative process, in order to avoid potentially traumatic re-screening
- Integrating knowledge of trauma, and trauma responsiveness, into the creation and implementation of policies and procedures
- Including the Member's voice, involvement, and feedback in treatment planning—including offering harm reduction strategies in all aspects of treatment
- Seeking to avoid re-traumatization for Members receiving care by creating a safe treatment environment
- Offering trauma-specific treatment interventions and approaches

STAFFING REQUIREMENTS:

- The provider complies with the staffing requirements outlined in 130 CMR 461.411 to adequately provide the required scope of services set forth in 130 CMR 461.410
- CSP staff members are trained in and capable of meeting community support needs relative to psychiatric conditions for adults, as well as issues related to substance use and co-occurring diagnosis, recovery, and medical issues. Included is training in managing professional boundaries, confidentiality, Peers as CSP workers and appropriate service termination.
- The CSP programs include, at minimum, staff members with specialized training in behavioral treatment, substance use and co-occurring diagnosis, principles of wellness and Recovery and family treatment/engagement/education regarding psychiatric, substance use disorder and recovery and medical issues.

Minimum Staffing Requirements:

- Program Director: the CSP program must designate a professional as overall administrator and program director in charge of day-to-day administration of the program. The program director's responsibilities include:
    - Hiring and firing of CSP staff
    - Establishing and implementing a supervision protocol
    - Establishing CSP policies and procedures
    - Accountability for adequacy and appropriateness of member service
    - Coordinating staff activities to meet program objectives
    - Program evaluation
    - Establishing and supervising in-service training and education

- Multidisciplinary Staff:
    - The program must employ a multidisciplinary staff that can support the schedule of operations and provide services to members. A member of the program's professional or paraprofessional staff must be assigned to each member to assume primary responsibility for that member's case.
    - The program must employ the number of staff necessary to implement all aspects of the service plan; maintain the member's records; initiate periodic review of the service plan for necessary modifications or adjustments; coordinate the various services provided by the program itself and by other agencies; coordinate referrals to other state agencies as

needed; meet regularly with relatives and significant friends of the member; and monitor the member's progress in accomplishing the treatment goals.
    - The program must have a licensed, master's-level behavioral health clinician or licensed psychologist to provide supervision to CSP staff.
    - All staff must have at least a bachelor's degree in a related behavioral health field, or two years of relevant work experience, or lived experience of homelessness, behavioral health conditions and/or justice involvement. Staff may include qualified Certified Peer Specialist.
    - Staff may include qualified Certified Peer Specialists and staff with lived experience of homelessness, behavioral health conditions or justice involvement.

QUALITY MANAGEMENT:

- The facility will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
- The facility utilizes a continuous quality improvement process and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to members, including their families.
- The success of the program and the care and well-being of the members relies on a collaborative partnership with Commonwealth Care Alliance and its provider network.
- Providers are required to collect and measure outcome data and incorporate the data in treatment plans in the medical records.
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request and must be consistent with CCA's performance standard for CSP services.
- Providers will comply with all applicable laws and regulations including but not limited to any and all applicable Medicare and/or Medicaid laws, regulations, and instructions of CMS and/or EOHHS relating to addressing and reporting Adverse Incidents. Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies.

DOCUMENT UPDATES:

- November 2024: Revised template